

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/27/2012	
NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383			
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F0000	<p>This visit was for the Investigation of Complaint IN00103996.</p> <p>Complaint IN00103996 Substantiated, Federal/State deficiencies related to the allegations are cited at F 241, F309, F441 and F 498.</p> <p>Survey dates: February 26, and 27, 2012</p> <p>Facility number: 000083 Provider number: 155166 Aim number: 100289670</p> <p>Survey team: Sandra Haws RN</p> <p>Census bed type: SNF/NF: 150 Total: 150</p> <p>Census payor type: Medicare: 17 Medicaid: 121 Other: 12 Total: 150</p> <p>Sample: 5 Supplemental sample: 4</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a post survey revisit on or after March 14, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2012
FORM APPROVED
OMB NO. 0938-0391

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	16.2. Quality review completed 2/29/12 Cathy Emswiller RN						

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F0241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation , interviews and record review the facility failed to ensure resident's call lights were answered in a timely manner leaving residents wait for up to an hour or longer for assistance with toileting and care needs for 3 of 5 residents reviewed for call lights in a sample of 5 (Resident's # B, # C # D) and for 4 of 4 residents in a supplemental sample of 4 (Residents # G # H # I and # J)</p> <p>Findings include:</p> <p>1. During a tour of the facility on 2/26/12 at 4:20 p.m. an observation was made of Resident # B's call light on. Three staff were observed passing the resident's room ignoring the light. Resident #B's family was observed pacing the hall trying to alert staff to assist his mother.</p> <p>During an interview with the resident's family member at that time, he indicated his mother waits 30 minutes or longer for the staff to come assist his mother. The family member indicated when he has</p>		F0241	<p>F241 DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> The call lights are now being answered as promptly as possible. Our goal is to answer all lights within 15 minutes or less. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. All staff will be educated on the answering of call lights by the SDC/designee by 3/13/12. 		03/14/2012	

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	<p>come to visit, he has found his mother laying in stool and urine.</p> <p>During an interview on 2/26/12 at 4:30 p.m. with another family member who visited regularly .regarding the resident's care, she indicated she's been with the resident when she's had to wait over 30 minutes for someone to put her on the bedpan.</p> <p>During an interview with alert and oriented Resident #B on 2/26/12 at 5:10 p.m. she indicated she waits 30 to 35 minutes for her call light to be answered. She stated "I just can't hold it any longer so I let it go, then I lay in poop and pee a long time. I call my son's wife a lot so she can call them to help me." Resident #B's room was observed to have a clock on the resident's microwave visible to the resident.</p> <p>Resident #B's record was reviewed on 2/26/12 at 7:30 p.m. The resident's record indicated diagnoses of, but not limited to; Acute renal failure, diabetes, congestive heart failure, weakness and chronic airway obstruction.</p> <p>The resident's record indicated she was treated for a urinary tract infection on 2/21/12. The Urinalysis dated 2/20/12 indicated the resident's urine color was</p>		<ul style="list-style-type: none"> The call lights are now being answered as expeditiously as feasible. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> Call light studies will be completed daily ongoing on rotating shifts. The ED/designee will review the studies and action plans will be developed as needed. The Customer Care Reps complete rounds daily during normal business hours and will interview residents in regards to timeliness of call lights. Rounds are reviewed twice daily (M-F). Manager on duty during business hours and charge nurses on all shifts will monitor call light response times on weekends to ensure call lights are answered promptly. The Unit Managers during normal business hours and the charge nurses will monitor call light response times Monday – Friday to ensure call lights are answered promptly. Staff found by management/nursing staff to be passing by and not answering call lights will be disciplined up to and including termination. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</p>				

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	<p>brown and cloudy. The white blood cell count was too numerous to count, the bacteria in her urine was 4+ (high.) A physician's order dated 2/21/12 indicated "(unlegible name of antibiotic) 300 mg (milligrams) 1 po (by mouth) x (times) 10 days for UTI (urinary tract infection) twice daily."</p> <p>Resident # B's quarterly MDS (Minimum Data Set) assessment dated 2/19/12 indicated the resident's cognition was intact and required total assistance with 2 staff for transfers and bed mobility. She needed extensive assistance with dressing and bathing. The MDS indicated the resident had occasional incontinence of bowel and bladder function.</p> <p>2. During an interview with alert and oriented Resident # C on 2/26/12 at 6:40 p.m. regarding his call light being answered timely, he indicated many times he has to wait up to 2 hours before they come in. He further indicated many times the staff will come in to his room and turn the light off and tell him they would be back and they never return.</p> <p>Resident # C's record was reviewed on 2/27/12 at 12:00 p.m. The resident's record indicated diagnoses of, but not limited to; Hemiplegia, depression, urinary tract infection, and neurogenic</p>		<p>i.e., what quality assurance program will be put into place</p> <p>The ED/designee will review results of all call light studies, which are completed seven days a week. Action plans will be developed and additional</p> <ul style="list-style-type: none"> education will be given when the 95% threshold is not obtained. Managers will review the Customer Care Reps rounds twice daily (M-F). Information will be presented to the CQI committee for review and monitoring. 				

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	<p>bladder.</p> <p>Resident #C's quarterly MDS assessment dated 11/16/12 indicated the resident's cognition was intact, he needed total assistance with 2 staff for transfers and bed mobility. He needed extensive assistance with dressing. The MDS indicated the resident had frequent incontinence of his bowel function.</p> <p>3. Resident #D's record was reviewed on 2/27/12 at 12:50 p.m. The resident's record indicated diagnoses of, but not limited to; weakness, diabetes, kidney disease, and depression.</p> <p>Resident # D's significant change MDS assessment dated 2/16/12 indicated she had only slight impairment with cognition. She needed total assistance with 2 staff for transfers and bed mobility. She had occasional incontinence of her bowel function.</p> <p>During an interview with alert and oriented Resident #D on 2/27/12 at 2:00 p.m. regarding her call light being answered timely, she indicated she waits over 30 minutes. She stated "I have a catheter, but when I need to have a bowel movement the wait is terrible and I can't hold it very long." She further indicated she's complained about how long it takes</p>						

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	<p>for staff to help her, but it doesn't get better.</p> <p>4. During an interview with alert and oriented Resident #G on 2/26/12 at 5:20 p.m. regarding her call light being answered timely, she stated " I wait over 30 minutes and when I need to use the bedpan, I can't wait that long." She further indicated she sees the staff just pass by her door and not come in when her light is on.</p> <p>Resident #G's record was reviewed on 2/27/12 at 3:00 p.m. The resident's record indicated diagnoses of, but not limited to; Hypertension, diabetes and cerebrovascular accident. The resident's record indicated she was treated for a urinary tract infection within the last 60 days.</p> <p>The resident's quarterly MDS assessment dated 1/9/12 indicated the resident's cognition was intact. She needed extensive assistance with 2 staff for bed mobility, transfers, toilet use and hygiene. The resident needed extensive assistance with dressing and ambulation. The MDS indicated the resident was occasionally incontinent of her bladder function and always incontinent of bowel function.</p> <p>5. During an interview with alert and</p>						

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	<p>oriented Resident # H on 2/26/12 at 5:25 p.m. regarding her call light being answered timely. The resident stated "I've waited a full hour and I had an accident in my bed because I couldn't hold it any longer. They tell me they are short of help and that's why they can't get to me." Resident # H indicated she's waited 15 minutes before they finally come in to clean her up.</p> <p>Resident #H's record was reviewed on 2/27/12 at 3:30 p.m. The resident's record indicated diagnoses of, but not limited to; Cerebrovascular accident (stroke), hypertension, heart failure and anemia.</p> <p>Resident # H's 30 day MDS assessment dated 1/9/12 indicated her cognition was intact, she needed total assistance with 2 or more staff for bed mobility, toilet use and hygiene, she needed total assistance with ambulation and dressing. The resident needed extensive assistance with 2 staff for transfers. The MDS indicated the resident was occasionally incontinent of her bowel function.</p> <p>6. During an interview with alert and oriented Resident # I on 2/26/12 at 5:40 p.m. regarding his call light being answered timely, he indicated he waits over 30 minutes for it to be answered and it's too long to wait. Resident # I indicated</p>						

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	<p>he feels it's getting worse, it happens on all the shifts.</p> <p>Resident # I's record was reviewed on 2/27/12 at 3:45 p.m. The resident's record indicated diagnoses of, but not limited to; anemia, neurogenic bladder and heart failure. The resident's annual MDS assessment dated 1/4/12 indicated her cognition was intact. He needed total assistance with 2 or more staff for bed mobility, transfers, dressing, toilet use and hygiene. The resident needed total assistance with eating. The MDS indicated the resident had an indwelling catheter and was always incontinent of bowel function.</p> <p>7. During an interview with alert and oriented Resident # J on 2/26/12 at 6:00 p.m. regarding her call light being answered timely, she stated "I wait for up to 2 hours at times. I've messed myself in bed because I couldn't wait any longer, it's so embarrassing." She further indicated the care was poor when they clean her up.</p> <p>Resident # J's record was reviewed on 2/27/12 at 4:00 p.m. The resident's record indicated diagnoses of, but not limited to; Asthma, chronic obstructive pulmonary disease (COPD), seizures, diabetes and heart failure.</p>						

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	<p>The resident's quarterly MDS assessment dated 2/23/12 indicated her cognition was intact, she needed extensive assistance with 2 staff for bed mobility. She needed total assistance with 2 or more staff for her toileting needs and extensive assistance with hygiene and dressing. The MDS indicated the resident was incontinent of bowel and bladder function.</p> <p>The resident's plan of care dated 11/30/11 indicated "Problem; Resident is frequently incontinent of bowel and bladder...Approach...Assist with incontinent care as needed...Offer bedpan routinely and as needed...."</p> <p>The facility's policy titled "Certified Nursing Assistant" updated 5/08 was reviewed on 2/27/12 at 4:10 p.m. The policy indicated "Responds to every signal light and buzzer promptly (within 5 minutes of first ring) and courteously considering each light as an emergency until answered...."</p> <p>This Federal tag relates to Complaint # IN00103996</p> <p>3.1-3(t)</p>						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interviews and record review, the facility failed to ensure care was provided to prevent a resident's skin from developing further excoriated open areas to a resident's bottom (Resident # B) for 1 of 5 resident's reviewed for care in a sample of 5</p> <p>Findings include:</p> <p>During a tour of Resident #B's room on 2/26/12 at 4:40 p.m. an observation was made of CNA #3 and CNA # 4 assisting Resident # B onto the bedpan. Resident #B was observed to have 3 open areas to her buttocks. The skin area to both sides of her buttocks was dark purple in color. An observation was made of 2 dime size reddened open areas to the left buttock and one open red area larger than dime size to the right buttock. During an interview with LPN # 2 at that time who was watching CNA # 3 and CNA # 4 assist the resident, she indicated she wasn't aware of the resident having any</p>		F0309	<p>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> Resident B is currently receiving Xenaderm as prescribed and the areas are healing. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. All residents that currently reside in the facility have received a thorough and accurate skin 		03/14/2012	

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	<p>open areas to her bottom. LPN # 2 left the room at that time. Resident #B was observed yelling "My butt hurts so bad" when CNA # 3 wiped her bottom of open sores. CNA # 3 was observed to take a tube of prescription ointment that was located on the resident's bedside table with a label that read Xenaderm (used to treat pressure ulcers) and apply a heavy amount to the residents excoriated and open areas on her buttocks.</p> <p>During an interview with alert and oriented Resident #B on 2/26/12 at 4:50 p.m. regarding her pain, she indicated the sores on her bottom were extremely painful.</p> <p>During an interview with the Director of Nursing on 2/26/12 at 5:40 p.m. regarding Resident #B's open areas, she indicated she wasn't aware Resident #B had any open areas. She further indicated the Xenaderm used on the resident earlier had been discontinued and shouldn't have been in the resident's room or used on the resident.</p> <p>Resident #B's record was reviewed on 2/26/12 at 7:30 p.m. The resident's record indicated diagnoses of, but not limited to; Acute renal failure, diabetes, congestive heart failure, weakness and chronic airway obstruction.</p>		<p>assessment</p> <ul style="list-style-type: none"> · Skin checks will be completed on all residents twice weekly during bathing. The aide will report any abnormal skin findings to the charge nurse. The charge nurse will assess the resident and notify the physician as indicated. · Nursing staff will be educated on skin assessments by the SDC/designee by 3/13/12. Posttest will be given. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Unit Manager/designee will audit the Daily Observation report in clinical meeting (Mon-Fri) for change in resident condition. Any resident with a change of condition will be reviewed for appropriate intervention and documentation. · Nursing staff will be educated on skin assessments; nursing assistants will be educated on notifying the charge nurse of changes in skin condition and applying appropriate ointments by the SDC/designee by 3/13/12. Posttest will be given. · Nursing assistants will be educated on their job description and operating within the scope of practice by the SDC/designee by 3/13/12. 				

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	<p>Resident #B's initial admission MDS (Minimum Data Set) assessment dated 10/13/11 indicated the resident was admitted without any open areas.</p> <p>Resident # B's quarterly MDS assessment dated 2/19/12 indicated the resident's cognition was intact and required total assistance with 2 staff for transfers and bed mobility. She needed extensive assistance with dressing and bathing. The MDS indicated the resident had occasional incontinence of bowel and bladder function. The MDS indicated no open areas.</p> <p>A physician's order dated 1/27/12 indicated "...3 Xenaderm to buttocks every shift and prn (as needed) for soilage."</p> <p>A physician's order dated 2/8/12 indicated D/C (discontinue) tx (treatment) to coccyx area resolved, apply nystatin cream to buttocks every shift and for soilage."</p> <p>An IDT (interdisciplinary) note dated 2/8/12 indicated "IDT met to discuss skin status- Area to coccyx presents resolved. Noted rash to bilat (bilateral) buttocks possible yeast rash presents red satellite...."</p>			<p>· Nurses will check skin areas during showers/bed bath at least twice weekly. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>· A "Skin Management Program" CQI tool will be utilized weekly x 4, then monthly thereafter.</p> <p>· Data will be submitted to the CQI Committee for review and follow up. Noncompliance with facility procedures may result in disciplinary action</p>			

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	<p>A CNA shower report dated 2/22/12 indicated "excoriation to buttocks, no pressure areas...."</p> <p>The resident's skin sheets titled "Skin integrity Events...Non-Pressure Wound Skin Evaluation Report dated 2/23/12 indicated "...rash, R (right) buttock... 2.0 x 2.0, color red, wound/skin condition status: sc (subcutaneous)...."</p> <p>The resident's skin sheets titled "Skin integrity Events...Non-Pressure Wound Skin Evaluation Report dated 2/23/12 indicated "...rash, L (left) buttock... 4.0 x 4.0, color red, wound/skin condition status: sc (subcutaneous)...."</p> <p>Review of Nurses' note dated 2/26/12 documented at 6:00 p.m. indicated LPN # 2 made an entry to indicate the Xenaderm ointment was reordered by the physician for the resident's open areas identified earlier that evening when the resident was being assisted with her toileting needs at 4:40 p.m.</p> <p>A care plan dated 1/17/12 indicated " Problem: (Resident name) is at risk for further skin breakdown frequently incontinent of bowel and bladder and deceased (sic) mobility and use of bedpan.. Nystatin cream to buttocks every</p>						

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	<p>shift and as needed....preventative treatment as ordered."</p> <p>This Federal tag relates to Complaint # IN00103996</p> <p>3.1-37(a)</p>						

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to ensure</p>		F0441	F441 INFECTION CONTROL, PREVENT SPREAD, LINENS		03/14/2012	

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	<p>infection control practices were followed related to handwashing and a CNA (CNA # 3) leaving a bedpan soiled with stool on the bathroom floor, an unflushed toilet with stool splattered on the back of the toilet and floor in a bathroom that was shared by other residents and for 1 CNA not implementing the correct infection control practice related to cleaning a resident's soiled bedpan (CNA # 6) for 1 of 5 resident's reviewed for infection control practices in a sample of 5. (Resident # B)</p> <p>Findings include:</p> <p>1. During a tour of Resident #B's room on 2/26/12 at 4:40 p.m. an observation was made of CNA #3 and CNA # 4 assisting Resident # B onto the bedpan. When Resident # B was finished having a bowel movement in the bedpan, CNA # 3 was observed to take it in the bathroom and quickly exit.</p> <p>On 2/26/12 at 450 p.m. observation was made of Resident # B's bathroom; The toilet water was observed to be full of liquid brown stool. A bedpan was observed on the bathroom floor with brown stool covering most of the bedpan. Liquid brown stool was observed to be splattered on the back of the toilet, the lid and the top of the toilet. The bathroom</p>		<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> The nursing assistants are now properly washing their hands per standard of practice, bedpans are now being sanitized and toilets are being flushed and cleaned appropriately. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> All residents have the potential to be effected by the alleged deficient practice. All staff will be educated on hand washing by the SDC/designee by 3/13/12. A posttest was given. Nursing staff will be educated on the procedure for cleaning resident equipment by the SDC/designee by 3/13/12. A posttest was given. 				

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	<p>floor was also observed to have dime size brown stool drip spots.</p> <p>During an interview with CNA # 3 at 5:20 p.m. regarding the way the resident's bathroom was left, she indicated the toilet wouldn't flush and she was in a hurry to get a resident to the dining room. CNA # 3 indicated the bathroom was shared by 2 other residents. CNA # 3 flushed the toilet again, the toilet was observed to flush normally. CNA # 3 was then observed to take the soiled bedpan with brown stool, put water in it from the resident's bathroom sink, swish it and put it in the toilet. CNA # 3 dried the bedpan, put it in the waste basket and left the room without washing her hands.</p> <p>\</p> <p>Resident #B's record was reviewed on 2/26/12 at 7:30 p.m. The resident's record indicated diagnoses of, but not limited to; Acute renal failure, diabetes, congestive heart failure, weakness and chronic airway obstruction.</p> <p>2. During a tour of the facility on 2/27/12 at 10:50 a.m. an observation was made of CNA # 6 put a wet paper towel with stool on it in a bag of trash. CNA # 6 was observed to put an unbagged bedpan in a resident's bottom drawer.</p> <p>During an interview with CNA # 6 at this</p>		<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> Hand washing skills validations/observations will be completed weekly on all shifts by the SDC/designee ongoing. Sanitation validation/observations audits will be completed weekly on all shifts by the SDC/designee ongoing. Customer Care Reps during normal business hours, Nurses on all shifts and Nursing Managers during normal business hours will make rounds daily to monitor hand washing, bathroom sanitation, call lights responses and equipment cleaning and storage. Any deficiencies noted will be documented on the rounds sheet and education will be provided immediately to staff. All staff will be educated hand washing by the SDC/designee by 3/13/12. A posttest was given. Nursing staff will be educated on the procedure for cleaning resident equipment by the SDC/designee by 3/13/12. A posttest was given. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p>				

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	<p>time regarding how she cleans the resident's bedpans after use. CNA # 6 indicated after a resident has a BM (bowel movement) she takes a paper towel with soap from the resident's bathroom and wipes it out, dries it then stores it in the resident's bottom drawer.</p> <p>During an interview with the Director of Nursing on 2/27/12 at 3:10 p.m. regarding the above infection control issues, she indicated the staff will need inserviced as this isn't the way it's to be done.</p> <p>The facility's policy and procedure titled "Nursing" undated was reviewed on 2/27/12 at 10:00 a.m. the policy indicated "...b. Bedside personal equipment, such as commode, urinals, wash basin, emesis basin and/or bedpan, shall be maintained in a sanitary condition. This shall include: i. Emptying content in toilet, ii. Place soiled equipment in plastic bag, iii. Take soiled equipment to soiled utility room, iv. Put on gloves, v. Clean disinfect equipment, per facility guidelines, vi. Remove gloves and perform hand hygiene, vii. Place cleaned/ disinfected equipment in clean plastic bag, viii. Return cleaned / disinfected equipment to resident room...."</p> <p>This Federal tag relates to Complaint # IN00103996</p>		<ul style="list-style-type: none"> The "Infection Control" and "Hand Washing" and "Sanitation Validation" CQI audit tool will be completed weekly by the SDC/designee ongoing. Data will be submitted to the CQI Committee for review and follow up. Noncompliance with facility procedures may result in disciplinary action. 				

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	3.1-18(a)						

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F0498 SS=D	<p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff worked within their scope of practice related to a CNA (Certified Nursing Assistant) applying prescription medication that had been discontinued to a resident's skin excoriation with open areas for 1 of 3 resident's reviewed with pressure ulcers in a sample of 5. (Resident #B) (CNA #3)</p> <p>Findings include:</p> <p>During a tour of the Resident #B's room on 2/26/12 at 4:40 p.m., an observation was made of CNA #3 assisting Resident # B onto the bedpan. Resident #B was observed to have 3 open areas to her buttocks. Resident #B was observed yelling "My butt hurts so bad" when CNA # 3 wiped her bottom of open sores. CNA # 3 was observed to take a tube of prescription ointment that was located on the resident's bedside table with a label that read Xenaderm (used to treat pressure ulcers) and apply a heavy amount to the residents excoriation with</p>		F0498	<p>F498 NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> Nursing assistant #3 understands her scope of practice and will not apply prescription medications. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> Residents residing in the facility have the potential to be affected by the alleged deficient practice. 		03/14/2012	

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	<p>open areas and the surrounding skin.</p> <p>During an interview with CNA # 3 at that time regarding a CNA allowed to apply prescription medication to a resident's open areas, she stated "yes, we do it all the time."</p> <p>During an interview with the Director of Nursing on 2/26/12 at 5:40 p.m. regarding CNA #3 applying prescription medication to Resident # B's excoriated open areas, she indicated a CNA is not allowed to apply prescription ointment to any resident's wounds as it's not in their scope of practice. She further indicated she wasn't aware Resident #B had any open areas.</p> <p>During an interview with alert and oriented Resident #B on 2/26/12 at 4:50 p.m. regarding her pain, she indicated the sores on her bottom were extremely painful.</p> <p>During an interview with the Director of Nursing on 2/26/12 at 5:40 p.m. regarding Resident #B's skin excoriation and open areas, she indicated she wasn't aware Resident #B had any open areas. She further indicated the Xenaderm used on the resident earlier had been discontinued and shouldn't have been in the resident's room or used on the resident.</p>		<ul style="list-style-type: none"> Resident rooms were checked for medications at bedside without physician's orders. Any medication found was then removed. Nursing assistants will be educated on their job description and operating within the scope of practice by the SDC/designee by 3/13/12. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> During daily rounds on all shifts the charge nurses and nursing managers during normal business hours will observe the nursing assistants for compliance and document on the Nursing Rounds checklist. The DNS/designee will review the Nursing Rounds checklists daily for compliance. Resident rooms are checked daily for medications at bedside without physician's orders. Any medication found will then be removed. Nursing assistants will be educated on their job description and operating within the scope of practice by the SDC/designee by 3/13/12. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</p>				

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	<p>Resident #B's record was reviewed on 2/26/12 at 7:30 p.m. The resident's record indicated diagnoses of, but not limited to; Acute renal failure, diabetes, congestive heart failure, weakness and chronic airway obstruction.</p> <p>A physician's order dated 1/27/12 indicated "...3 Xenaderm to buttocks every shift and prn (as needed) for soilage."</p> <p>A physician's order dated 2/8/12 indicated D/C (discontinue) tx (treatment) to coccyx area resolved, apply nystatin cream to buttocks every shift and for soilage."</p> <p>During an interview with the Director of Nursing on 2/27/12 at 4:15 p.m. she brought in an employee handbook CNA #3 read and signed she agreed to the handbooks rules. The handbook indicated the CNA was to stay within her scope of practice not administering any prescription medications.</p> <p>Review of the facility policy on 2/27/12 at 11:00 a.m. titled "Certified Nursing Assistant" updated 5/08 indicated "...Seeks assistance of charge nurse when unsure of assignment, procedure, or situation...."</p>		<p>program will be put into place</p> <ul style="list-style-type: none"> Data from the Nursing Rounds Checklist will be submitted to the CQI Committee for review and follow up. Noncompliance with facility procedures may result in re-education and or disciplinary action. 				

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	<p>This Federal tag relates to Complaint # IN00103996</p> <p>3.1-14(i)</p>						